



State of Vermont
Office of Vermont Health Access
Pharmacy Benefit Management Program

The Prior Authorization (PA) Process for Medications

- ❖ Generics, when available, are usually considered preferred, and in most cases do not require a PA.
- ❖ Telephone, rather than fax, your PA request for immediate exchange of information.

Assistance for Prescribers/Pharmacy Providers

- **For Prior Authorization (PA) Requests and Initial Reconsiderations of Denials**
 - ❖ MedMetrics Clinical Call Center toll-free phone: 800-918-7549
toll-free fax: 866-767-2649
- **For Technical Issues Relating to Claims Processing**
 - ❖ SXC Pharmacy Help Desk toll-free phone: 800-918-7545
- **For Second Reconsideration of a Denial**
 - ❖ Contact MedMetrics Clinical Call Center toll-free phone: 800-918-7549
to request second reconsideration by Michael Farber, MD,
OVHA Medical Director

Assistance for Beneficiaries

- **For assistance with general questions at any time (*all health care consumers*):**
 - ❖ Health Care Ombudsman: toll free: 800-917-7787
 - **For general help or to request a Fair Hearing or an Appeal (*all beneficiaries*):**
 - ❖ Health Access Member Services (MAXIMUS) toll free: 800-250-8427
 - **For M108 Exception (medications excluded from coverage) Information (*Traditional Medicaid beneficiaries only*):**
 - ❖ Health Access Member Services (MAXIMUS): toll free: 800-250-8427
 - ❖ Health Care Ombudsman: toll free: 800-917-7787
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The Prior Authorization (PA) Process for Medications

Introduction

Note: MedMetrics recommends that if you need a prior authorization (PA) decision quickly, the fastest, most efficient way to exchange information is to request the PA by phone.

The prescriber or the prescriber's designated agent must submit all prior authorization (PA) requests. MedMetrics' Clinical Call Center is staffed 24 hours per day. From 7:30 a.m to 9:00 p.m., Monday through Friday, there are Pharmacy Associates and Clinical Pharmacists on site. After hours and on weekends, the Pharmacists are on call for any requests that cannot be handled by the call center. MedMetrics provides toll-free numbers for both phone and fax requests for prior authorizations. If a prescriber or prescriber's agent has not received a decision within 24 hours, please call MedMetrics to follow up. The beneficiary and prescriber will be notified in writing of all MedMetrics PA decisions.

Initiating the PA process:

Phone: 800-918-7549; Fax: 866-767-2649

- ❖ The **prescriber** or prescriber's agent must submit all prior authorization (PA) requests. Phone and Fax requests for PA are accepted 24 hours per day.
- ❖ A MedMetrics **Pharmacy Associate or Pharmacist** will review the information provided and either approve the PA, deny it because it does not meet approval criteria, or give the prescriber opportunity to submit additional information to support the request. The PA can be put into "pending additional information" status if the prescriber wishes additional time to provide clarifying information.

Note: When written requests containing incomplete information are received, MedMetrics will identify what information is missing, and return the request to the prescriber for completion. The PA request will then be placed in "pending additional information" status. It is important that all requests contain complete information pertaining to the request, as well as contact information for the prescriber or prescriber's agent. If complete information is not received within 72 hours, the PA request will be denied.

To Request Reconsideration by MedMetrics: Phone: 800-918-7549; Fax: 866-767-2649

- ❖ If the **prescriber** is unsatisfied with a MedMetrics decision, the prescriber, or prescriber's agent, should first ask MedMetrics for a first reconsideration. A pharmacist will review the information. A prescriber or prescriber's agent may choose to speak to a pharmacist different from the one who issued the first denial (if applicable). When additional information is provided to support the request, the request will be considered a new PA request

To Request a *Second* Reconsideration: Phone: 802-879-5903 Fax: 802-879-5963

- ❖ If the **prescriber** is unsatisfied with a MedMetrics reconsideration decision, the prescriber, or prescriber's agent, may request a second reconsideration by the OVHA Medical Director. To request a second reconsideration, the prescriber must notify MedMetrics of the request and MedMetrics will provide the Medical Director with all clinical documentation received through the PA Process. Additional information will likely be requested to support the reconsideration request.

Assistance for Beneficiaries

The **Office of Health Care Ombudsman (HCO), 800-917-7787**, is available to provide assistance to all Vermont health care consumers in matters relating to, among others, rights and responsibilities, as well as providing public information. Beneficiaries may call the HCO at any time.

Beneficiaries may ask for an internal appeal and/or a Fair Hearing on any adverse decision made by MedMetrics or OVHA. To request an internal appeal and/or a Fair Hearing, call **Health Access Member Services (MAXIMUS) at 800-250-8427**.

Emergency “72-Hour” Fill

An emergency fill provision can be instituted by MedMetrics when a required prior authorization has not been secured, and the need to fill the prescription is determined to be an emergency. If the prescriber cannot be reached to obtain the required prior authorization, the pharmacist may contact MedMetrics for authorization to dispense an emergency supply of at least 72 hours. This emergency “72-hour” fill provision is Federal law (Title 19, Section 1927(D)(5)(b)) and is applicable only to medications that are covered by Vermont’s pharmacy programs.

OTCs (Over-the-Counter Medications)

Over-The-Counter (OTC) medications may be covered by Vermont’s pharmacy programs. They do require prescriptions and must be eligible for a manufacturer’s rebate. In most cases, generically available OTCs are preferred and branded OTCs may require PA.

Medications that are not covered by Vermont’s pharmacy programs

Consistent with federal law, Vermont has excluded a few medications from coverage. Traditional Medicaid beneficiaries may request an exception through the M108 process from the Director of the Office of Vermont Health Access. For more information about the M108 process or to request forms, please contact Health Access Member Services (MAXIMUS) at 800-250-8427. The Office of Health Care Ombudsman (800-917-7787) is available to provide assistance to all Vermont health care consumers.

Budget Act and the Pharmacy Best Practices and Cost-Control Program

The fiscal year 2002 Budget Act authorized the Department of Prevention, Assistance, Transition, and Health Access (PATH) to establish a pharmacy best practices and cost-control program, designed to reduce the cost of providing prescription drugs, while maintaining high quality in prescription drug therapies. The Preferred Drug List (PDL) of covered prescription drugs identifies preferred choices within therapeutic classes for particular diseases and conditions, including generic alternatives, and includes a prior authorization (PA) review process.

Generic Substitution

The Generic Drug Law (VT Statutes, Title 18, Part 5, Chapter 19) § 4606 explains that if a prescriber feels that a substitution is not clinically appropriate...

“he or she shall write “brand necessary” or “no substitution” in his or her own handwriting on the prescription blank, together with a written statement that the generic equivalent has not been effective, or with reasonable certainty is not expected to be effective, in treating the patient’s medical condition or causes or is reasonably expected to cause adverse or harmful reactions in the patient.”

This does not exempt from the PA process any medications currently requiring PA, or any medications that would require a PA for clinical reasons.

This document, and other documents related to the Vermont Health Access Pharmacy Benefit Management Program can be found at: <http://ovha.vermont.gov/for-providers> or by calling **the OVHA office at 802-879-5900**.

Prescription Prior Authorization (PA) Process for Medications

MedMetrics Clinical Call Center: Phone: 800-918-7549; Fax: 866-767-2649

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Prescriber or prescriber's agent calls or faxes MedMetrics to request Prior Authorization.
Faxed information must be complete or request will be sent back for additional information

Claim rejects at pharmacy because prescriber **FAILS TO REQUEST** Prior Authorization

Pharmacist or beneficiary contacts prescriber (or agent) with reminder to call MedMetrics for PA

MedMetrics must make a decision within 24 hours of receipt of complete information.

MedMetrics Pharmacy Associate or Pharmacist reviews the request

Prescription urgently needed; Prescriber is unreachable; Pharmacist calls MedMetrics

PA Request APPROVED

Request is DENIED

Notice of approval decision sent to both the BENEFICIARY and PRESCRIBER
Pharmacist fills prescription

Notice of denial decision sent to PRESCRIBER about the right to reconsideration, and to BENEFICIARY with information about the right to an internal appeal and/or a Fair Hearing

Prescriber changes RX to alternative preferred drug after clinical discussion

Pharmacist fills prescription for alternative drug

MedMetrics follows provision for emergency "72-hour" fill

Pharmacist issues "72-hr" fill.

Beneficiaries may request an internal appeal and/or a Fair Hearing on any adverse decision by calling Health Access Member Services at 800-250-8427.

